



Texas Commission on Environmental Quality



Dry Cleaning Program

Dry Cleaning DROP STATION Registration Form Instructions

WHAT IS THIS FORM? This form should be used by owners of dry cleaning drop stations to report information to the Texas Commission on Environmental Quality (TCEQ).

WHEN MUST I COMPLETE THIS FORM? The owner of an operating dry cleaning drop station must register with the commission annually and the registration is due by August 1st. Any change of registration information requires the filing of an amended Dry Cleaning Drop Station Registration form within 30 days of the change. Please see the instructions below for each section of the form. If you have any questions concerning the form or whether your drop station should be registered, **please contact the Dry Cleaning Registration Team at (512) 239-2160.**

You will see references to “regulated entity” and “customer” on the form. The dry cleaning drop station is the “regulated entity” and the owner of the dry cleaning drop station is the “customer”.

GENERAL INSTRUCTIONS: For an initial submittal, please complete the entire form so our records will be as accurate as possible.

If your form is not completed entirely it will be returned.

Please mail the completed form to the address provided at the top of the Registration Form.

LINE-BY-LINE INSTRUCTIONS

ID NUMBERS - These are TCEQ assigned numbers (except for the Tax ID No.) used to identify drop stations and owners.

TCEQ Account No.: This number is reported in the upper right hand corner of the form. This number can be found on your dry cleaning registration certificate. If this is the first time to complete this form, leave this space blank.

Federal Tax ID Number: All businesses, except for some small sole proprietors, should have a federal taxpayer identification number (TIN). Enter this number here. Do not use prefixes, dashes, or hyphens.

Taxpayer Number: Indicate the taxpayer number as shown on your sales tax permit. If you have not received your sales tax permit and you are a sole owner, enter your Social Security number. For other types of organizations, enter the Federal Employer’s Identification Number (FEIN) assigned to your organization.

SECTION 1. Reason for Filing - Complete this section to indicate the reason for submitting the form. TCEQ uses this information internally. Please mark all choices that apply.

1 - Initial Registration: The first time a dry cleaning drop station is being registered.

2 - Renewal Registration: Check this box if you’re completing your required annual renewal.

3 - Ownership Change: Provide the effective date of the ownership change.

4 - No longer a drop station: Indicate the date that operation as a drop station ceased.

5 - Change from facility to drop station: Indicate the date that dry cleaning units ceased operation.

6 - Amendments: Required reporting of changes to current registration information. Check the appropriate box. Explain “other” answers sufficiently, or use this space to provide additional comments, as necessary.

SECTION 2. Owner Information- This section contains basic information about the owner of the dry cleaning drop station. This entire section must be completed when the form is submitted to TCEQ for any purpose.

Customer Reference Number (CN): If this is the first time to complete this form, leave this space blank. **Do not** enter a permit number, registration number, or license number here. This is a nine digit number and always begins with CN. Regardless of how many regulated entities you are associated with, you will have only one customer reference number.

Owner Name: Business Name or Last Name: Enter the legal name of the business or the last name of the owner. Include any abbreviations (LLC, Inc., etc.).

Owner First Name: Enter the first name for individuals only.

Owner Mailing Address: Enter the mailing address for the customer to receive mail from the TCEQ. For example, this address might be the corporate or regional headquarters of a large company.

Billing Address: Enter the billing address if different than your mailing address.

Country (Outside USA): If the address is outside the United States, enter the country name.

E-Mail Address: This should be the e-mail address for the owner of the dry cleaning drop station.

Owner's Authorized Representative and Phone Number: Enter information for a contact person.

Type of Owner: The type of owner identifies whether the owner is an individual, sole proprietor DBA, corporation, partnership, or other entity, such as a limited liability company. Explain "Other" answers sufficiently. Please check only **one** box.

Location of Records: The location of records indicates if this facility's records are kept onsite or at an alternative location. If records are kept offsite, please indicate the location, contact person, telephone number and fax number.

State Franchise Tax ID Number: Corporations and limited liability companies that operate in Texas are issued a franchise tax identification number. If the owner is a corporation or limited liability company, enter this number here.

DUNS Number: Most businesses have a DUNS (Data Universal Numbering System) number issued by Dun and Bradstreet Corp. If the customer has one, enter it here.

Independently Owned and Operated?: Check "No" if the customer is a part of a larger company. Otherwise, check "Yes."

Number of Employees: Enter the number of persons employed by the owner's entire company at all locations. This is *not* the number of employees at one facility.

Delinquent Fees: Check if any fees or penalties are due to the TCEQ for any program regulated by the TCEQ. Note: this form will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of the Attorney General on behalf of TCEQ are paid in accordance with the [Delinquent Fee and Penalty Protocol](#).

Have you ever used or allowed the use of the dry cleaning solvent perchloroethylene at a dry cleaning facility in Texas? You must answer this question (yes or no) or **the form will be returned**. If the owner has ever used or allowed the use of perchloroethylene at *any* dry cleaning facility in Texas you must indicate yes.

Has the dry cleaning solvent perchloroethylene ever been used at this location? You must answer this question (yes or no) or **the form will be returned**. If the use of perchloroethylene has been used at the location at any time in the past, you must indicate yes.

SECTION 3. Facility Information - This section is for general information about the dry cleaning drop station, including facility name, location, and contact person. This entire section must be filled out whenever the form is submitted to TCEQ for any purpose.

Regulated Entity Reference Number (RN): This unique nine digit number identifies the regulated entity and always begins with RN. Each location will be assigned a separate RN number. If this is the first time to complete this form, leave this space blank. **Do not** enter a permit number, registration number, account number, or license number here. Enter only one regulated entity reference number on each form.

Facility Name: This is the name by which you want the dry cleaning location to be known to the TCEQ.

Street Address: Enter the street address of the dry cleaning location. A post office or rural route box cannot be accepted for a location address.

City: Indicate the city/town or the nearest city/town of the location.

ZIP Code: Enter the ZIP code of the location.

County: Enter the name of the county of the location.

Contact Person: Enter name, title, and phone number for a contact person at the location.

E-Mail Address: This should be an address for the location, if applicable.

Fax Number: Enter information for contacting the location, if applicable.

SIC and NAICS Codes: SIC Code: Enter the Standard Industrial Classification Code that best describes the product, service, or manufacturing process associated with the generation of this waste. For more information, please visit the following website: <http://www.osha.gov/pls/imis/sicsearch.html>.

NAICS Code: Enter the North American Industry Classification System Code that best describes the product, service, or manufacturing process associated with the generation of this waste. For more information, please visit the following website: <http://www.census.gov/epcd/www/naics.html>. A good source for both SIC and NAICS codes is your local Chamber of Commerce. **NAICS category 812320** refers to a retail commercial establishment the primary business of which is to act as a collection point for the drop-off and pick-up of garments or other fabrics that are sent to a dry cleaning facility for processing.

Latitude and Longitude: Enter this information if the regulated entity has a fixed location and the latitude and longitude coordinates are known.

Gross Receipts for the Last Consecutive 12 Months Reported to the Comptroller: This is the sum of all payments or compensation received by the dry cleaning drop station in the last consecutive 12 months reported to the Comptroller. Gross receipts are equivalent to net sales or net revenue; **not** equivalent to net profit or net income. **This number should be the same as the "Total Sales" line on your Sales & Use Tax Return.** Check only one box.

GROSS RECEIPTS WILL BE VERIFIED BY THE TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

Date You Began Dry Cleaning Operation at this Location: Enter the date operations began at this location.

Was this location ever a dry cleaning facility prior to the date you began operations? If this location was a dry cleaning facility in the past, please mark the appropriate box.

SECTION 4. Real Property Owner - This section is the name, contact person, and mailing address of the owner of the real property where the dry cleaning drop station is located.

SECTION 5. TCEQ Programs in which this Regulated Entity Participates - Check all that apply. If this regulated entity participates in a TCEQ program not shown on this list, check the box marked "Other" and enter that program in the blank space.

SECTION 6. Related Dry Cleaning Facilities - If the owner of this drop station also owns a dry cleaning facility, list the name of the facility, location address and its Regulated Entity Number (RN).

SECTION 7. Certification - In this section, the owner is certifying that he/she is familiar with the information included on the form and that the information is true, accurate, and complete. **This section must be filled out completely by the owner or their legally authorized representative.** A signature, printed name, and date are required or the form will be returned.

If you have any questions concerning the completion of this form or about the information reported on the form, please contact the **Dry Cleaning Registration Team at (512) 239-2160.**

*****MAKE A COPY OF YOUR COMPLETED FORM FOR YOUR RECORDS*****